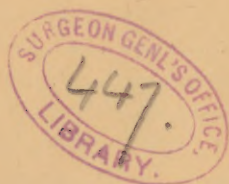


CHEATHAM (W.)

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TRACHOMA AND ITS TREATMENT. *

POWDERED JEQUIRITY.

Written for the Ophthalmic Record by
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In the management of this most obstinate disease, I use atropia sulph., in the saturated solution of acid boracic, from the begining to the end. It serves several purposes for me; it puts the eyes at rest; it is antiseptic; it strangulates some of the trachomatous bodies, and the hypertrophied papillae; it relieves corneal photophobia. The boracic acid in the solution also prevents local irritation, which sometimes occurs from the long continued use of atropia sulph. I frequently add to an ounce of the solution, zinc sulph. gr. $\frac{1}{4}$ or $\frac{1}{8}$ for the same purpose. When a case of trachoma presents itself to me, as I stated before, I order the use of the atropia solution immediately, for the purposes I have given, and also to get the refraction of the eye. In all stages of this disease, it is my aim at the earliest moment to get the correct refraction; I cannot recall a case now in which I failed to find an error. To this error of refraction I attribute the primary cause of the disease; the disease I consider a specific one; the error of refraction simply prepares the soil for the reception of the germ; correct this error as soon as possible, and we prevent many relapses of the disease. So I repeat, it is my constant endeavor to find the existing error, and correct it by glasses. My routine treatment is, after correcting this error of refraction, or even before, to give specific directions (I often write them) as to the hygiene to be observed: how to prevent extention of the disease to other members of the family, etc. I order hyd. oxid. flav. gr. viii to gr. xii, to vaseline \mathfrak{S} j; cupri sulph. in crystal or solution, one to be applied to the granulated lid for two weeks, then the other for two weeks, thus alternating. After using the blue stone, to bathe the eyes in hot water for ten or fifteen minutes; not to use either of them closer than three hours to bed-time. I find a large majority of more acute cases yield readily to this treatment, in connection with tonics. In some of the more ad-

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vanced and severe cases, I puncture each trachomatous body with an electrolytic needle. Where scarification is indicated, I use an electrolytic knife, and rub in thoroughly acid boracic pulv., hyd. oxid. flav. oint. or pyoktanin solution. In many cases, I give pyoktanin solution for home use. I find some cases in which cauterizing is of much service. Again I find some cases in which there is great hypertrophy of the papillæ, completely concealing the trachomatous bodies, in which I get a wonderful lot of good from the use of the curette. Very occasionally a case in which the removal of the cul-de-sacs is of service. But in the old cases, or even more acute cases, in which all other remedies appear to fail—even in some cases in which there is free suppuration, and again ulceration of the cornea, with pannus, and sometimes in cases in which there is no pannus, I get more wonderful results from the use of the powdered jequirity.

Since the uses of jequirity were made known, I have put it to many practical tests, and have yet to have it to fail me. I know of much that has been written against it, by the best men of this and other countries, but my faith in it has never been shaken. For many years I have given up the use of the infusion of jequirity as dangerous, and have instead had made an impalpable powder. I claim for this powder that it will, in one application, do more than several applications of the infusion, with none of its dangers; that the powder will keep indefinitely if kept dry; that its action is easily confined, and does not spread to the tear-ducts and other places where its action is not wished; that it will not produce ulcerations of the cornea, as it is claimed the infusion does. I have used it numbers of times in cases of corneal ulceration, with trachoma, with much benefit. The making of the powder in an open mortar is attended with some danger. The party who made it for me has been unable to smell anything since.

Some cases of severe trachoma, with pannus, I treat entirely with the pulverized jequirity, making three, four, five or six applications. Many cases, in which I had unsuccessfully tried all other treatment, before I knew of jequirity—many of them having passed from me through other hands with similar results—returned to me afterwards, and by the use of the jequirity have been restored to useful vision. Of course I do not claim vision ²⁰₂₀

in such cases, but when they can be brought from perception of light, or counting fingers at a few feet, to vision enabling them to move around comfortably—vision equal to $\frac{20}{40}$ or even more—I call the result good. I find some of these cases, of course improve on other treatment between the applications of jequirity powder, and many of them get the same treatment that had been tried by myself and others with no good results, so I think the honor must be given to the jequirity. To those who are afraid to be as bold as I am in its use, I suggest they use it on their more hopeless cases. There are many people, in this country, who are considered hopelessly blind, to whom useful vision can be restored by the use of jequirity powder.

My method of using it is as follows:

I make a mop or brush by twisting a little surgical cotton on a match or wood tooth pick, and get a small portion of the powder on it by dipping it into the powder dry. I evert the lids and apply the powder by dusting it on the conjunctival surface. I never do this without having a perfect record of vision, and the condition of the eye, and usually use it in but one eye at the time. I send the patient out with the direction that nothing be done to the eye, not even to bathe it unless the swelling and pain should become too great to bear. I see the patient daily. Should the pain and swelling become too great, iced cloths, hot cloths, boric acid or carbolized water applied for a while controls it very readily. Occasionally I have had to give morphia to a timid patient; not over twice in all the cases in which I have used it. In four or five days if the other eye is involved, I make the application then in the same way, in the mean time making the usual application, such as atropia sulph, cupri sulph, ammonia muriate, argent. nitrate or hyd. oxid. flav. ointment, to first eye treated.

In a few days, if necessary, the jequirity can again be used. As I stated before, I have used it in cases in which the cornea was much involved with no bad result. I have used it in cases in which murco-purulent discharge was excessive. In fact, in cases in which all other treatment had failed no matter what the condition of the cornea, I would not hesitate to use the jequirity. I have at times given it to patients to use on themselves or members of their family. Under such circumstances, I have used

it on some members of the family, so they know how to manage it. This I do not advise only under extreme circumstances, such as is often the case, the family being very poor, and living at a distance, unable to send but one for treatment. Of course in these cases no accurate record of vision can be gotten, some of the cases, I will report, have been reported before.

Chas. M. has had granulated lids for years: pannus and ulcers of cornea, V. R. = $\frac{2}{200}$, V. L. = $\frac{3}{200}$, jequirity applied three times V. R. = $\frac{8}{200}$, V. L. = $\frac{16}{200}$.

W. B. D. an ancient case of Trachoma with pannus V. R. = $\frac{2}{200}$, V. L. = $\frac{10}{100}$, jequirity used twice, V. R. = $\frac{16}{200}$; V. L. = $\frac{20}{200}$ S. D., V. R. = perception of light, V. L. = $\frac{1}{200}$, jequirity used four times. V. R. = $\frac{20}{40}$, V. L. = $\frac{20}{40}$.

Mrs. J. S., V. L. = counting fingers at six inches, jequirity used once, V. L. = $\frac{20}{200}$ +.

Thos. C, V. R. = $\frac{2}{200}$, V. L. = $\frac{4}{200}$, jequirity used twice, V. R. = $\frac{20}{200}$.

Ben A. Has had bad eyes all his life. Old trachoma with pannus, V. R. = $\frac{5}{200}$, V. L. = $\frac{5}{200}$, jequirity used once, March 3rd, 1891, V. R. = $\frac{20}{70}$, V. L. = $\frac{20}{200}$.

Miss Lizzie T., Trachoma with pannus for six years, V. R. = $\frac{3}{200}$; V. L. = $\frac{2}{300}$; no improvement with glasses, jequirity used twice, V. R. = $\frac{20}{40}$ with + 1.50 D. c. axis 135°, V. L. = $\frac{20}{40}$ + with + 2 D. c. axis 75°.

These are a few of many. Many of these cases with only perception of light, have been able to see to go anywhere in from three to ten days after the use of the jequirity. Two cautions I must repeat. Have a record of the patient's vision before the use of the jequirity, and see the patient daily. These instructions I have occasionally failed to follow myself, still I advise others to not neglect them. The jequirity powder must be very carefully made. The shell of the bean is very hard, and if not completely bolted out, will do much harm. The powder I use is as fine as flour. Its action is perfect. There is often an elevation of temperature with chilly sensations following the use of the jequirity, showing its action is not entirely local. A druggist in this city has a supply of the powder constantly on hand.

